



DEPARTMENT OF PLANNING & BUILDING
BUILDING DIVISION
276 Fourth Avenue Chula Vista CA 91910
619-691-5272 619-585-5681 FAX

INSULATION CERTIFICATE

FORM 4550

Number and Street

City

County

Subdivision

Lot Number

Description of Installation

ROOF

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

EXTERIOR WALL

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

CEILING

Batt or Blanket Type _____
Thickness (inches) _____
Loose-fill type _____
Contractor's minimum installed weight/ft² _____ lb.
Manufacturer's installed weight per sq.ft. to achieve Thermal Resistance (R-Value) _____

Brand Name _____
Thermal Resistance (R-Value) _____
Brand Name _____
Minimum thickness _____ inches

RAISED FLOOR

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

SLAB FLOOR

Material _____
Thickness (inches) _____
Width (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

FOUNDATION WALL

Material _____
Thickness (inches) _____

Brand Name _____
Thermal Resistance (R-Value) _____

Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Building Energy Efficiency Standards for new residential building contained in Title 24 of the California Administrative Code.

General Contractor (Builder)

License Number

Signature and Title

Date

Subcontractor (insulation installer)

License Number

Signature and Title

Date